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TEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE (check only 21b 27	
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NAME OF COMMITTEE (In Full) NRSC		1010	
Full Name (Last, First, Middle Initial) TERESA CRAWFORD			Date of Disbursement
Mailing Address 408 COACH HOVIS DRIVE			05 27 20 <u>1</u> 5
City S YORKTOWN	State Zip Code VA 23693		Transaction ID : SB28B.160
Purpose of Disbursement CONTRIBUTION REFUND			Amount of Each Disbursement this Period
Candidate Name		Category/ Type	25.00
Office Sought: House Disburser Senate President State: District:	nent For: Primary General Other (specify) ▼		[MEMO ITEM]
Full Name (Last, First, Middle Initial) FURESA CRAWFORD		-	Date of Disbursement
Mailing Address 408 COACH HOVIS DRIVE			05 27 2015
YORKTOWN	State Zip Code VA 23693		Transaction ID : SB28B.161
Purpose of Disbursement CONTRIBUTION REFUND			Amount of Each Disbursement this Period
Candidate Name		Category/ Type	25.00
Office Sought: House Disburser Senate President State: District:	ment For: Primary General Other (specify) ▼		[MEMO ITEM]
Full Name (Last, First, Middle Initial) C. TERESA CRAWFORD	-		Date of Disbursement
Mailing Address 408 COACH HOVIS DRIVE			05 27 2015
City YORKTOWN Purpose of Disbursement	State Zip Code VA 23693		Transaction ID : SB28B.162
CONTRIBUTION REFUND Candidate Name		Category/	Amount of Each Disbursement this Period 25.00
Office Sought: House Disburse Senate President State: District:	ment For: Primary General Other (specify) ▼	Туре	[MEMO ITEM]
SUBTOTAL of Disbursements This Page (optional)			0.00
TOTAL This Period (last page this line number only)	· >	